

EXAMPLE 4 - DD 1155

ORDER FOR SUPPLIES OR SERVICES <i>(Contractor must submit four copies of invoice.)</i>				<small>Form Approved OMB No. 0704-0187 Expires Aug 31, 1997</small>		PAGE 1 OF	
<small>Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including reducing the burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302 and to the Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503. Please DO NOT RETURN your form to either of these addresses. Send your completed form to the procurement official identified in item 6.</small>							
1. CONTRACT/PURCH ORDER NO. GS-35F-XXXXX		2. DELIVERY ORDER NO.		3. DATE OF ORDER		4. REQUISITION / PURCH REQUEST NO.	
6. ISSUED BY CODE		7. ADMINISTERED BY CODE		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG DO		8. DELIVERY FOR <input type="checkbox"/> X DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR Company's Name [Contractor's LOCAL Street Address Ordering Address] City, State Zip TELEPHONE NO. Phone		FACILITY CODE		10. DELIVER TO FOB POINT BY 30 DAYS		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
12. DISCOUNT TERMS		13. MAIL INVOICE TO		14. SHIP TO: CODE		15. PAYMENT WILL BE MADE BY: CODE	
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/>		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered Reference your _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.					
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED	
<input type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of _____					
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE							
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES			20. QUANTITY ORDERED / ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	PURCHASE OF TAC NOTEBOOK or PC RESOURCES, ACCORDING TO PURCHASING AGREEMENT # N68939-96-A-XXXX, AS SPECIFIED ON THE ATTACHED PAGES.						
* If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: _____		25. TOTAL	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				27. SHIP NO.		28. DO VOUCHER NO.	
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER PAYMENT DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED		40. TOTAL CONTAINERS	
41. SR ACCOUNT NUMBER		42. SR VOUCHER NO.		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER	
35. BILL OF LADING NO.		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER	